

Name: Dennis Roy Peterson
CDCR No: P 92157
Address: P.O. Box 409090
Long CA 95640

FILED

DEC 23 2024

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

CASE NUMBER: 2:24-cv-03103-EFB P

v. Plaintiff/Petitioner,

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

Defendants/Respondent.

I, Dennis R Peterson, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "no" DO NOT USE THIS FORM)

State the place of your incarceration. mule creek state prison

2. Are you currently employed (includes prison employment)? ☐ Yes ☒ No

a. If the answer is "yes" state the amount of your pay. _____

3. Have you received any money from the following sources over the last twelve months?

| | | |
|--|------------------------------|--|
| a. Business, profession, or other self-employment: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Re Gifts or inheritances: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "yes," describe by that item each source of money, state the amount received, as well as what you expect you will continue to receive (attach an additional sheet if necessary).

4. Do you have cash (includes balance of checking or savings accounts)? ☒ Yes ☐ No

If "yes" state the total amount: \$ 91.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value: _____

6. Do you have any other assets? ☐ Yes ☒ No

If "yes," list the asset(s) and state the value of each asset listed: _____

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

NONE

This form must be dated and signed below for the court to consider your application.

I hereby authorize the agency having custody of me to provide a certified copy of my trust account statement for activity covering the last six months to the Court. Additionally, once eligibility is established, I further authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

12-13-24
DATE

Dennis Roy Peterson
SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): R 92157

CERTIFICATION BELOW IS TO BE COMPLETED BY
NON-CDCR INCARCERATED PRISONERS ONLY

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 92.76 on account to his/her credit at MULE CREEK STATE PRISON (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 159.07. I further certify that during the past six months the average monthly deposits to the applicants account was \$ 28.56
(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

12-13-24
DATE

Red
SIGNATURE OF AUTHORIZED OFFICER

Institution: MCSP

Inmate Statement Report

| | | | |
|-----------------------|------------|----------------------------|-----|
| Start Date: | 6/20/2024 | Revalidation Cycle: | All |
| End Date: | 12/13/2024 | Housing Unit: | All |
| Inmate/Group#: | P92157 | | |

THE WITHIN STATEMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED

12-13-24

TRUST OFFICE

Institution: MCSP

Inmate Statement Report

| CDCR# | Inmate/Group Name | Institution | Unit | Cell/Bed |
|--------|-------------------|-------------|---------|----------|
| P92157 | PETERSON, DENNIS | MCSP | E 021D1 | 105004 |

Current Available Balance: \$92.76

Transaction List

| Transaction Date | Institution | Transaction Type | Source Doc# | Receipt#/Check# | Amount | Account Balance |
|------------------|-------------|--------------------|------------------------|-----------------|------------|-----------------|
| 06/20/2024 | MCSP | BEGINNING BALANCE | | | | \$193.39 |
| 06/21/2024 | MCSP | SALES | 28 | | (\$13.35) | \$180.04 |
| 07/03/2024 | MCSP | I/M PAY - CAL PIA | JUNE | | \$46.96 | \$227.00 |
| 07/03/2024 | MCSP | I/M PAY - CAL PIA | JUNE | | \$7.35 | \$234.35 |
| 07/03/2024 | MCSP | I/M PAY - CAL PIA | JUNE | | \$3.09 | \$237.44 |
| 07/05/2024 | MCSP | GROUP TRANSFER OUT | A NEW DAY | | (\$10.00) | \$227.44 |
| 07/11/2024 | MCSP | SALES | 92 | | (\$40.00) | \$187.44 |
| 07/26/2024 | MCSP | LEGAL COPY | LEGAL COPY 7.24.54 | | (\$0.20) | \$187.24 |
| 07/30/2024 | MCSP | LEGAL COPY | LEGAL COPY 7.29.24 | | (\$7.50) | \$179.74 |
| 08/05/2024 | MCSP | I/M PAY - CAL PIA | JULY | | \$78.75 | \$258.49 |
| 08/14/2024 | MCSP | SALES | 35 | | (\$33.70) | \$224.79 |
| 08/23/2024 | MCSP | SALES | 64 | | (\$4.80) | \$219.99 |
| 09/04/2024 | MCSP | I/M PAY - CAL PIA | AUGUST | | \$35.18 | \$255.17 |
| 09/05/2024 | MCSP | LEGAL MAIL | LEGALMAIL 9.3.24 | | (\$9.25) | \$245.92 |
| 09/12/2024 | MCSP | SALES | 10 | | (\$24.25) | \$221.67 |
| 10/25/2024 | MCSP | SALES | 51 | | (\$108.70) | \$112.97 |
| 11/01/2024 | MCSP | LEGAL COPY | LEGAL COPY 11.1.24 | | (\$8.00) | \$104.97 |
| 11/06/2024 | MCSP | LEGAL MAIL | LEGAL MAIL 11.4.24 | | (\$4.31) | \$100.66 |
| 12/02/2024 | MCSP | LEGAL COPY | LEGAL COPY 11.4.24 | | (\$0.30) | \$100.36 |
| 12/02/2024 | MCSP | LEGAL COPY | LEGAL COPY 11.5.24 | | (\$0.60) | \$99.76 |
| 12/04/2024 | MCSP | SALES | 44 | | (\$6.60) | \$93.16 |
| 12/06/2024 | MCSP | LEGAL COPY | LEGAL COPY 11.18.24 | | (\$0.10) | \$93.06 |
| 12/06/2024 | MCSP | LEGAL COPY | LEGAL COPY 11.8.24 | | (\$0.20) | \$92.86 |
| 12/06/2024 | MCSP | LEGAL COPY | LEGAL COPY 11.14.24 | | (\$0.10) | \$92.76 |

Encumbrance List

| Encumbrance Type | Transaction Date | Amount |
|--|------------------|--------|
| **No information was found for the given criteria.** | | |

Obligation List

| Obligation Type | Court Case# | Original Owed Balance | Sum of Tx for Date Range for Oblg | Current Balance |
|-----------------|-------------|-----------------------|-----------------------------------|-----------------|
|-----------------|-------------|-----------------------|-----------------------------------|-----------------|

THIS WITHIN INSTRUMENT IS A CURRENT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
12-13-24
CALIFORNIA DEPARTMENT OF CORRECTIONS
RECEIVED

Institution: MCSP

Inmate Statement Report

| Obligation Type | Court Case# | Original Owed Balance | Sum of Tx for Date Range for Oblg | Current Balance |
|--|-------------|-----------------------|--------------------------------------|-----------------|
| **No information was found for the given criteria.** | | | | |

Restitution List

| Restitution | Court Case# | Status | Original Owed Balance | Interest Accrued | Sum of Tx for Date Range for Oblg | Current Balance |
|---------------------|-------------|-----------|-----------------------|------------------|--------------------------------------|-----------------|
| RESTITUTION FINE | 6213569 | Fulfilled | \$5,000.00 | \$0.00 | \$0.00 | \$0.00 |



THE WITHIN DOCUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

12-13-24
BY: [Signature]

WASH STATE